

SERIAL NUMBER 09/455,623	FILING DATE 12/07/99	CLASS 379	GROUP ART UNIT 2742 2642	ATTORNEY DOCKET NO. BAIYOR-1-9-1
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APPLICANT

ROBERT JOHN BAIYOR, NAPERVILLE, IL; GIACOMO BELLOMO, MORRIS TOWNSHIP, NJ;
DEBORAH THOMAS EARL, NAPERVILLE, IL; HAROLD ROBERT SMITH JR.,
OAKBROOK TERRACE, IL; THOMAS DALE STROM, NAPERVILLE, IL.

****CONTINUING DOMESTIC DATA*******
VERIFIED
None QHN

****371 (NAT'L STAGE) DATA*******
VERIFIED
None QHN

****FOREIGN APPLICATIONS*******
VERIFIED
None QHN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/14/00

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 6	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 4
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ADDRESS

NANCY R GAMBURD
GAMBURD & ASSOCIATES LTD
10 SOUTH LASALLE STREET
SUITE 3300
CHICAGO IL 60603-1002

TITLE

APPARATUS, METHOD AND SYSTEM FOR PROVIDING TELECOMMUNICATION
CONFERENCING SERVICES IN A MULTIPLE LEG TELECOMMUNICATION SESSION

FILING FEE RECEIVED \$1,504	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Commissioner for Patents
Washington, DC 20231
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 5406

SERIAL NUMBER 09/455,623	FILING DATE 12/07/1999 RULE	CLASS 379	GROUP ART UNIT 2642	ATTORNEY DOCKET NO. BAIYOR-1-9-1
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APPLICANTS

ROBERT JOHN BAIYOR, NAPERVILLE, IL;
GIACOMO BELLOMO, MORRIS TOWNSHIP, NJ;
DEBORAH THOMAS EARL, NAPERVILLE, IL;
HAROLD ROBERT SMITH JR., OAKBROOK TERRACE, IL;
THOMAS DALE STROM, NAPERVILLE, IL;

** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/14/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 6	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

ADDRESS

FAY, SHARPE, FAGAN, MINNICH & MCKEE, LLP
1100 SUPERIOR AVENUE
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CLEVELAND, OH 44114-2518

TITLE

APPARATUS, METHOD AND SYSTEM FOR PROVIDING TELECOMMUNICATION CONFERENCING
SERVICES IN A MULTIPLE LEG TELECOMMUNICATION SESSION

FILING FEE RECEIVED 1504	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit